| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 001136 | A. BUILDING: _____ B. WING _____ | R-C 07/18/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAKE PARK RESIDENTIAL CARE INC | 2075 RIPLEY ST LAKE STATION, IN 46405 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| {R 000} | INITIAL COMMENTS<br><br>This visit was for the PSR (Post Survey Revisit) to the PSR to the Investigation of Complaint IN00195742 completed on March 29, 2016, which resulted in unrelated deficiencies cited.<br><br>This visit was in conjunction with the Investigation of Complaints IN00203660 and IN00204670.<br><br>Survey date: July 18, 2016<br><br>Facility number: 001136<br>Provider number: 001136<br>AIM number: N/A<br><br>Residential census: 119<br><br>Sample: 4<br><br>Lake Park Residential Care was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the PSR to the Investigation of Complaint IN00195742.<br><br>Quality Review completed by 14454 on July 22, 2016. | {R 000} | | |